

## **ABSTRACT**

### **PURPOSE:**

To classify the fluid collections in acute pancreatitis in accordance with 2012 revised Atlanta classification and to assess the influence this classification of fluid collections has on patients clinical course and outcome .

### **MATERIALS AND METHODS:**

49 patients with complaints of acute abdominal pain suggestive of pancreatitis with peripancreatic fluid collection were included in this study. Which was further divided into peripancreatic fluid collection and peripancreatic necrosis.

Out of which 24 were having pseudocysts followed and 25 were having walled off necrosis.

### **RESULTS:**

In our prospective study of 49 cases of acute pancreatitis, determined on the basis of history, serum amylase levels and a CECT of the abdomen, the presence of peripancreatic fluid was evaluated in an early CT and the course of the peripancreatic fluid collection if any was followed up and was compared to

the outcome parameters, in terms of presence of organ failure, presence of infection, duration of hospital & ICU stays and condition at discharge.

Age of the patients ranged from 11 to 72 years (mean age =38.6 years), with 84% males and 16% females. 59 % of the pancreatitis was secondary to ethanol abuse and 6 % due to gall stones. The walled off necrosis yielded statistically significant correlations with parameters such as presence of organ failure and duration of the hospital & ICU stay and outcome.

Of these, the highest correlation was of walled off necrosis which was found in patients with organ failure with 56% as compared to 8% in pseudocyst with a p value of <0.001 significance.

In our study the correlation of walled off necrosis with the duration of hospital stay with calculated mean was 1.96 and standard deviation of 0.97 as compared to the pseudocyst with estimated mean of 1.33 and standard deviation of 0.48 with p values of <0.001 significance.

In our study the length of the ICU stay for walled off necrosis was statistically significant with mean of 2.56 and standard deviation of 1.44 whereas it was estimated at 1.12 with standard deviation of 0.33 for pseudocyst

**CONCLUSION:**

There is significant correlation between the walled off necrosis and the length of hospital and ICU stay, organ failure and outcome.

Hence patients with necrotic collection have to be treated earnestly in the initial stages of development of pancreatitis.

**KEYWORDS:**

Revised Atlanta classification, Peripancreatic fluid